PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) have its own certificate of mailing or transmission. 32172 7590 06/29/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 1177 AVENUE OF THE AMERICAS (6TH AVENUE) 41 ST FL. NEW YORK, NY 10036-2714 (Depositor's name) (Signature) (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10 602,681 06/25/2003 Masahiko Maruhashi K2580.0101 1356 TITLE OF INVENTION: DURABLE PERCUSSION PAD EFFECTIVE AGAINST NOISE, SILENT PERCUSSION INSTRUMENT, SILENT PERCUSSION INSTRUMENT SET AND ELECTRONIC PERCUSSION SYSTEM APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/29/2006 EXAMINER ART UNIT CLASS-SUBCLASS LOCKETT, KIMBERLY R 2837 084-41100P 1. Change of correspondence address or indication of "Fee Address" (37 CTR 1.363). 2. For printing on the patent front page, list MOSTER SHAPED LLD (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to PTO SB 47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) orporation hizuoka-Ken, Japan Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🕱 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): M Issue Fee M Publication Fee (No small entity discount permitted) A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies en  $\square$  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			/ (ppilodalori i tarrita -		10/602,681-Conf. #1356		
FEE T	Timing Date		ne 25, 2003				
F:	Thist ivalled inventor		sahiko Maruhashi R. Lockett				
	Examiner ( terms						
Applicant claims	Art Unit 283		580.0101				
TOTAL AMOUNT OF	Attorney Docket No. K258		300.0101				
METHOD OF PAY	MENT (check all t	hat apply)					
Check X Credit Card Money Order None Other (please identify):							
Deposit Account	Deposit Account Numb	per: 50-2215 Deposit A	count Name:		stein Shapir	o LLP	
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FEE CALCULATION				<u> </u>			
1. BASIC FILING, SE			EARCH FEES	EXAMINA	ATION FEES		
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<b>Application Type</b>	Fee (\$)	Fee (\$) Fee		Fee (\$)	Fee (\$)	Fees Pa	<u>ia (\$)</u>
Utility	300	150 500		200	100		
Design	200	100 100		130	65		
Plant	200	100 30		160	80		
Reissue	300	150 50		600	300		
Provisional	200	100	0 0	0	0		
2. EXCESS CLAIM F	EES					<u>s</u> Fee (\$)	mall Entity Fee (\$)
Fee Description						50	25
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						200	100
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Multiple dependent claims			e Paid (\$)	Mu	Itiple Depend	ent Claims	
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4. OTHER FEE(S)		o ( 11 (1. d	:			1 663	ald (V)
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SUBMITTED BY	telat.	1.1/20	Registration No.	34,425	Telephone	(212) 27	7-6511
Name (Print/Type) Michael J. Scheen				•	Date	September	25, 2006
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